





CITY OF SALISBURY

STATEMENT OF UNDERSTANDING

I have completed the withholding forms for North Carolina State Income Tax and Federal Income Tax.

I understand I am subject to FICA tax withholding at a rate of 5.65% (firefighters are exempt).

Participation in the Local Government Retirement Plan has been explained to me and I understand my contribution to the plan is 6% of my earnings.

The annual leave, sick leave and holiday schedule has been explained to me and I understand the policy.

I have been offered the opportunity to participate in the State 401K plan and the 457 Deferred Compensation plan.

I understand as an employee of the City I am eligible for membership in the local Government Employee Credit Union.

As a condition of my employment, my paycheck must be sent via direct deposit to the financial institution of my choice.

The medical and dental insurance plan offered by the City of Salisbury has been explained to me and I understand the various plans and options available to me.

I understand that my paycheck is subject to garnishment through a court of competent jurisdiction.

I have been told the FLSA status of my position and I understand the overtime policy as it relates to me.

I understand that as a condition of employment, I am subject to random drug testing at any time and will be required to participate in drug testing following an accident where I am deemed at fault.

I have received a copy of the Employee Handbook and understand the policies and procedures contained therein including the Attendance Policy, Sexual Harassment Policy and the Grievance Policy.

I have been told and understand that city equipment (computers, cell phones etc...) are for city business only.

In order to receive my final paycheck including annual leave I will give a two week notice and will relinquish any identification card and all other equipment, uniforms or keys supplied by the City of Salisbury.

Employee-Name Printed

Employee Signature

10-11-2017

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